

Health Home Learning Collaborative

Collecting and using your data:
Creating action plans

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This training is a collaborative effort between the Managed Care Organizations and Iowa Medicaid Enterprise

Iowa Medicaid Enterprise

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AGENDA

1. Introductions
2. Collecting and using your data: Creating action plans.....Amerigroup
3. Questions/Open Discussion.....All

(Open discussion on current issues or barriers, potentially leading to future monthly topics)

Coming up:

- *April 19, 2021, Spring Learning Collaborative, Health Home Core Services and Roles, Iowa Total Care*
- *April 26, 2021, Spring Learning Collaborative, Benefits of Health Homes/Interventions for members with SMI/SED, Amerigroup*
- *May 17, 2021, Transitions in Care (inpatient hospitalization, PMIC, skilled nursing, re-entry / jail to community) Iowa Total Care*

Logistics

- Mute your line
- Do not put us on hold
- We expect attendance and engagement
- Type questions in the chat as you think of them and we will address them at the end.

Collecting your data

How to collect your own data/measure your own performance

- Action planning in the health home identifies organizational goals (what do I want to learn/change?)
- Seeks strategies to achieve goals

Collecting your data, con't.

How to collect your own data/measure your own performance

- Identify resources needed; provide evidence of achievement (how will we know we have achieved our goal(s)?); and
- Provide ongoing follow – up to maintain and/or improve outcomes.

Why do we need data?

- Gain insights into how well your organization is performing.
 - What are doing well?
 - What do we need to do differently or better?
- Improve communication between members, providers, organizations, MCOs

Why do we need data? con't.

- Improve member quality of care and satisfaction
- Better performance as an organization (i.e. measures)

DATA SOURCES

Using what is available

Data sources

- MCO resource: **Amerigroup (AGP)**
 - **Inpatient Report** (daily): Generated *if* Health Home (HH) member is inpatient
 - **HH Membership** with Health Information Portal (HIP) data (weekly): Currently enrolled and disenrolled members in health home
 - **MCO Screener** (weekly): Displays HH assigned members

Data sources, con't.

- MCO resource: **Amerigroup (AGP)**
 - **HAB_CMH Waiver** (monthly): HH members with expired eligibility or notice of decision (NOD) for HAB/CMH waiver in past 60 days
 - **Value – based Purchasing** (quarterly): Claims information and performance measure scores for time period indicated
 - **Performance Measures Report Card** (quarterly)

Data sources, con't.

- **MCO resource: Iowa Total Care (ITC)**
 - **Inpatient Report** (daily): Notify IHH Via email form report and Patient Ping
 - **HH Membership** Roster is pulled and emailed monthly. Client portal is a good source of info. HH members with expired eligibility or notice of decision (NOD) for HAB/CMH waiver in past 60 days

Data sources, con't.

- **MCO resource: Iowa Total Care (ITC)**
 - **MCO Screener** (weekly): Coming Soon
 - **Performance Measures Score Card** (Monthly)
 - **Performance Gaps in Care** (Monthly)
 - Client portal will also show this.

Clinical data sources

- **Healthcare Effectiveness Data and Information Set (HEDIS):** Measures performance in health care where improvements can make a meaningful difference in:
 - Effectiveness of Care
 - Access / Availability of Care
 - Utilization
 - Risk Adjusted Utilization
 - Measures collected using electronic clinical data systems

Clinical data sources, con't.

- **Consumer Assessment of Healthcare Providers and Systems (CAHPS):**
Advance scientific understanding of patient experience with health care services at multiple levels of delivery

EMR vs. EHR

Electronic Medical Record (EMR): everything you find in a paper chart

- Medical history
- Diagnoses
- Medications
- Immunization dates
- Allergies

**Mainly used by providers
for diagnosis and treatment**

Limits: does not “travel” well

- ✓ Works within a practice/individual practice
- ✓ Can be printed and mailed/faxed

EMR vs. EHR

Electronic Health Record (EHR): digital records of health information:

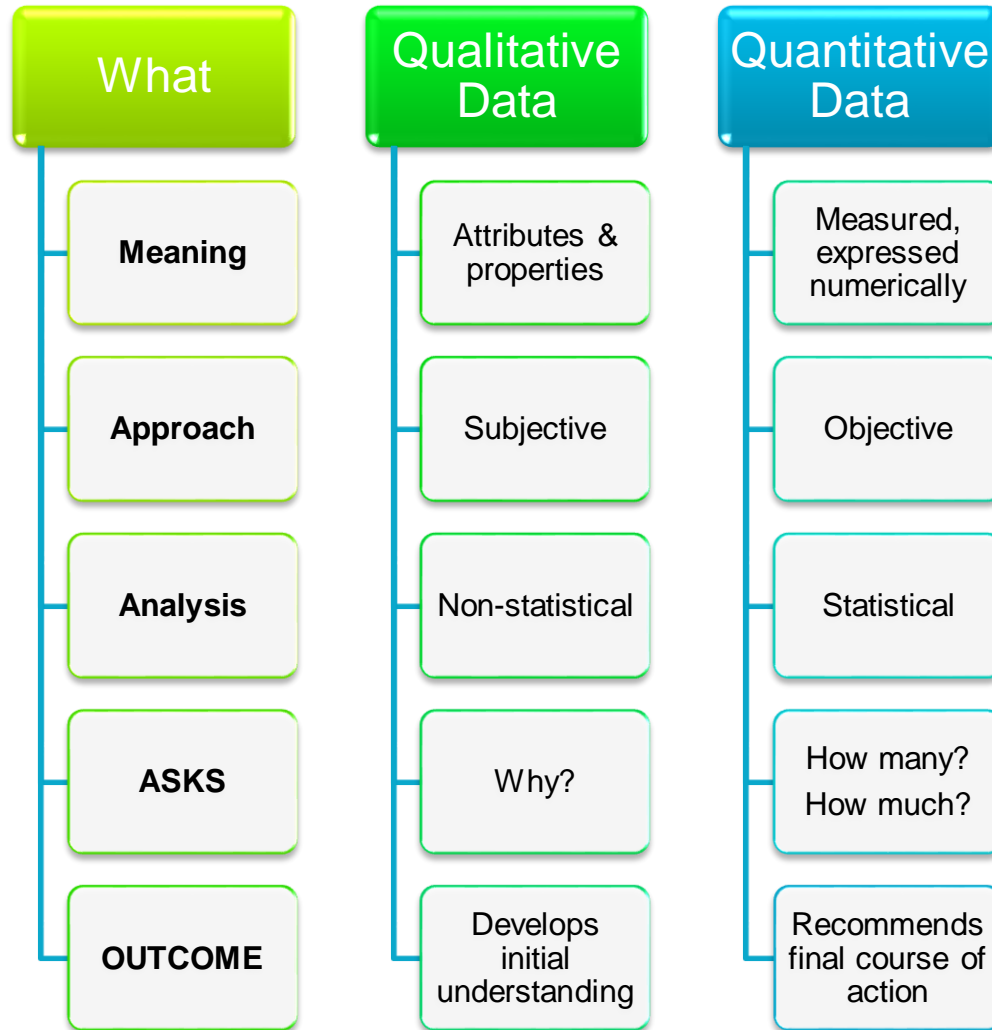
- Past medical history, vital signs
- Progress notes
- Diagnoses
- Medications
- Immunization dates
- Allergies
- Lab data
- Imaging reports
- *Other:* demographics, insurance, imported wellness device info

Benefits:

- Streamlined sharing of updated, real – time information
- Patient's medical information “travels” with them
 - Health information instantly accessible to authorized providers *across* practices/health organizations

Access to tools that providers can use for decision making

Qualitative vs. Quantitative



Examples

Latte Qualitative data	Latte Quantitative data
<ul style="list-style-type: none">• Robust aroma• Frothy appearance• Strong taste• Burgundy cup	<ul style="list-style-type: none">• 12 ounces of latte• Serving temp is 150° F• Cost \$4.95• Serving cup: 7" in height
<p>Should I get a dog?</p> <p>Qualitative data</p>	<p>Should I get a dog?</p> <p>Quantitative data</p>
<ul style="list-style-type: none">• It isn't that expensive to own a dog as long as they are healthy.• If I travel I can get someone to watch my dog.• Having a dog will help me get out and exercise more.	<ul style="list-style-type: none">• On average dog owners spend: \$248/yr. on vet visits and \$324/yr. on dog food.• The cost to kennel a dog is between \$24-\$45 per day.• 55.6% of dogs are either overweight or have reached the stage of obesity.



Use what YOU know!

Member – Provider relationship



What do we want to learn/change?

The real question is not “What data do I want to collect?” but rather, “What problem do I want to solve.”

What do we want to learn/change? con't.

Standardize data collection:

- **Who:** Information from patients/caregivers
- **When:** Upon enrollment and each patient encounter
- **What:** Identified information needed
- **Where:** Stored in standardized format; easy to link to clinical or other data
- **How:** Outcome – based; patient satisfaction

AIM STATEMENT

Demonstrating continuous quality improvement

Developing Aim Statement

Aim statement is:

- Written
- Measureable
- Time – sensitive description
- Answers the question: “What are we trying to accomplish?”

Developing Aim Statement, con't.

Components:

- Timeframe
- Clinical condition
- Measures
- Work
- Performance goals

Developing Aim Statement, con't.

Steps to developing your Aim Statement:

- **Step 1: Choose what you want to improve**
 - Example: Influenza immunization of children age 6 months and older
- **Step 2: Identify target population**
 - Example: Children age 6 months to 18 years

Developing Aim Statement, con't.

Steps to developing your Aim Statement:

- **Step 3: Identify data source**
 - Examples: Patient registry, EMR/EHR, other
- **Step 4: Identify baseline data**
 - Example: 30% of children age 6 months – 18 years received influenza vaccine Sept. 1, 2019 through June 30, 2020

Developing Aim Statement, con't.

Steps to developing your Aim Statement:

- **Step 5: Identify how much you want to improve**
 - Example: Increase immunization rate by 20% of baseline (to at least 36%)
- **Step 6: Identify your deadline**
 - Example: June 30, 2021 (This is when the 2020-2021 influenza vaccine expires)

Developing Aim Statement

- **Step 7: Draft your aim statement**

“By (date identified in *Step 6*), our practice will improve (outcome measure identified in *Step 1*) for (population identified in *Step 2*) by (goal identified in *Step 5*) as measured by (data source identified *in Step 3*).”

Developing Aim Statement

Example Statement:

By June 30, 2021, our practice will improve influenza immunization rates for children active on our patient panel age 6 months through age 18 by 20% of baseline as measured by influenza immunization reports from our EMR system.

This tool was supported by the Grant or Cooperative Agreement Number, NU38OT000282-01-01, funded by the Centers for Disease Control and Prevention

Developing Aim Statement

Step 8: Approve your aim statement

S.M.A.R.T. Goal

- SPECIFIC
- MEASURABLE
- ACHIEVABLE
- RELEVANT
- TIME-BOUND

A.C.T.

- ✓ ALIGNMENT
- ✓ CONTROL
- ✓ TEAM

Aim statement template

CREATING AIM STATEMENT TEMPLATE: PRACTICE – CHANGE TOOL

STEP 1	STEP 2	STEP 3	STEP 4	STEP 5	STEP 6
OUTCOME	TARGET POPULATION	DATA SOURCE	BASELINE	GOAL	DEADLINE
		<input type="checkbox"/> Patient Registry <input type="checkbox"/> EMR/EHR <input type="checkbox"/> Other: *Choose only <u>one</u> data source			

AIM STATEMENT:

APPROVE YOUR AIM STATEMENT. (CHECK BOXES BELOW)

- ☐ S.M.A.R.T. Our aim is Specific, Measurable, Achievable, Relevant, Time – bound
- ☐ Alignment: Our aim is aligned with our organization's mission and goals
- ☐ Control: This is something we have control over
- ☐ Team: We have who we need involved in order to be successful

Demonstrating continuous quality improvement

Demonstrating continuous quality improvement

Health Home:						
Project Plan: 20						
				Q1		
Measures/Objectives/Goal	Target	Specific Tasks/Activities to accomplish goal (Transfer to quarterly action items tab)	Assigned To:			
SMART Goals: Who, What,Where, When How much, often, many When - beginning and ending				Jan	Feb	Mar
Goal: (xxxxxxxxxxxx)						
Goal: Measure (xxxxxxxxxxxxx)						

Demonstrating continuous quality improvement, con't.

Q1							
Goal	Action Items / Tasks	Due Date	Responsibility	Status			Comments/Notes
				Red	Yellow	Green	

Demonstrating continuous quality improvement, con't.

				Q1		
Measures/Objectives/Goal SMART Goals: Who, What, Where, When How much, often, many When - beginning and ending	Target	Specific Tasks/Activities to accomplish Goal (Transfer to quarterly action items tab)	Assigned To:	Jan	Feb	Mar
Team members will contact/attempt contact their member list monthly using the disenrollment aid with 100% accuracy.	12/31/2020	Team training on WHY we are reaching out 100% (policy is in place); HOW (using the d/e aid)	Jane; team members	8		
		Review/understand billable contacts; discuss first team meeting Jan 2020	Jane	8		

Demonstrating continuous quality improvement, con't.

Q2		Status					
Goal	Action Items / Tasks	Due Date	Responsibility	Red	Yellow	Green	Comments/Notes
Contact/attempt member contact 100% monthly	Each team member responsible for their contact lists monthly	monthly	Team members		x		Tammy, Mark and Emma out due to illness; other team members sharing their members
	Weekly supervision of team members for progress made/barriers	Weekly	Jane		x		Going well this month; 75% completion for month

Take - aways

- We collect data to know how we are doing and what we need to change or improve.
- Data is all around us! Use what is available!
- Using your data, make a plan.
- Carry out your plan, and...
- Measure your outcomes and performance!

Questions?

Open Discussion

Thank you!